



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, CA 95827
Mailing Address: P.O. Box 26000, Sacramento, CA 95826
800-321-CSLB (2752) www.cslb.ca.gov

STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor

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Application for Original Contractor's License

Application Fees

Single classification.....\$250.

Initial license fee (to be paid after exam)\$150.

Total fees required for original license\$400.

☐ Voluntary contribution to Construction
Management Education Account.....\$_____

The application fee for a single classification (\$250) is not refundable once the application has been filed.

Attach a money order or a personal, business, certified, or cashier's check made payable to the Registrar of Contractors. Do not send cash.

There is a \$10 service charge for each dishonored check.

Please type or print neatly and legibly in black or dark blue ink.

SECTION 1 – BUSINESS NAME AND ADDRESS

Business Name: The legal business name is the name that will appear on the license and is the actual name under which the contracting business will operate. The full business name must be provided.

Name Compatibility: The business name must be compatible with the license classification and the business entity. For example, it would not be acceptable for ABC123 Tile to apply for a B-General Building Contactor license, but it would be acceptable for ABC123 Construction to apply for a B license or for ABC123 Tile to apply for a C-54 Ceramic and Mosaic Tile license. In addition, it would not be acceptable for a sole ownership to use the words "partners" or "corporation" in its business name.

1. FULL NEW BUSINESS NAME

ABC123 Tile

2. CLASSIFICATION REQUESTED (Only one classification may be requested on the original application if an exam is required.)

C-54

3a. BUSINESS MAILING ADDRESS number/street or P.O. box

city

state

ZIP code

P.O. Box 3488

Sacramento

CA

95814

3b. BUSINESS STREET ADDRESS number/street only – NO P.O. boxes

city

state

ZIP code

3488 First Street

Sacramento

CA

95814

3c. BUSINESS PHONE NUMBER

BUSINESS FAX NUMBER

BUSINESS E-MAIL ADDRESS

(916) 555-1234

(916) 555-4321

charlie@abc123tile.com

SECTION 2 – BUSINESS ENTITY

California Corporation / Partnership: Corporations must provide a current and active registration number below. Please be sure to write the corporate titles (president, secretary, and treasurer) in the space provided for the appropriate personnel in Sections 3 and 4. Partnerships must list their Federal Employer Identification Number (FEIN) below (personal Social Security numbers are not acceptable). (See page 2 of the General Information section for more information.)

4. NEW BUSINESS WILL OPERATE AS A (check only one)

☒ Sole Ownership

☐ Partnership – Federal Employer ID # _____

☐ California Corporation # _____

SECTION 3 – QUALIFYING INDIVIDUAL FULL LEGAL NAME AND ADDRESS

Qualifying Individual (Qualifier): A qualifying individual is required for every classification on every license issued by CSLB. You must provide full legal names of all individuals. (See page 1 of the General Information section for more information.)

5a. QUALIFIER'S FULL LEGAL NAME last first middle

Brown

Charles

Linus

DATE OF BIRTH

5/31/1963

SOCIAL SECURITY NUMBER

123-45-6789

5b. QUALIFIER'S EXISTING / PREVIOUS CSLB LICENSE NUMBER(S)

(If none, enter N/A)

N/A

6. PERCENTAGE OF NEW BUSINESS OWNED BY THE QUALIFIER

100 %

DRIVER LICENSE NUMBER

N1234567

5c. RESIDENCE ADDRESS number/street only – NO P.O. boxes

city

state

ZIP code

8208 H Street

Sacramento

CA

95814

7. TITLE OR POSITION (check only one)

☒ Owner

☐ Qualifying Partner

☐ RME

☐ RMO/Corporate Officer - Title(s) _____

RESIDENCE PHONE NUMBER

(916) 555-8208

8. THE EXAMINATIONS ARE ADMINISTERED IN ENGLISH. IF YOU WILL REQUIRE THE USE OF A TRANSLATOR, PLEASE CHECK THIS BOX. ☐

I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application. (The definition of "perjury" is telling a lie while under oath.)

Date

9/01/2005

Signature

Charles Linus Brown

Printed Name

Charles Linus Brown

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SECTION 4 – PERSONNEL FULL LEGAL NAMES AND ADDRESSES

The following must be completed by **all** individuals who will be listed on the license. You must provide **full legal names** of all individuals. Each individual must sign the certification under penalty of perjury. (The definition of "perjury" is telling a lie while under oath.)

9a. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes city state			ZIP code	DRIVER LICENSE #	
TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____				RESIDENCE PHONE NUMBER ()	
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date		Signature		Printed Name	

9b. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes city state			ZIP code	DRIVER LICENSE #	
TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____				RESIDENCE PHONE NUMBER ()	
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date		Signature		Printed Name	

9c. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes city state			ZIP code	DRIVER LICENSE #	
TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____				RESIDENCE PHONE NUMBER ()	
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date		Signature		Printed Name	

9d. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes city state			ZIP code	DRIVER LICENSE #	
TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____				RESIDENCE PHONE NUMBER ()	
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date		Signature		Printed Name	

(If additional space is needed, please make a copy of this blank page.)

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SECTION 5 – REQUIRED APPLICATION QUESTIONS

All questions in this section must be answered. Questions 10, 11, and 12 pertain to **all** individuals listed on this application (qualifying individual and **all** personnel listed in Section 4). If you checked Yes in response to any question, the person involved must attach a separate sheet with a detailed explanation for each situation.

10. **To the best of your knowledge, is anyone listed on this application (or any company the person was a part of, or any immediate family member of the applicant) named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit pertaining to a construction project?** (Immediate family is defined by B&P Code Section 7075.1 as a spouse, brother, sister, son, daughter, stepson, stepdaughter, grandson, granddaughter, son-in-law, or daughter-in-law.)

☐ Yes ☒ No

If you checked Yes, you are required to attach a statement identifying all judgments (pending or on record), liens, past due unpaid bills, claims, or suits and a detailed explanation of the situation. Include the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy of the creditors list.

11. **Has anyone listed on this application ever pleaded guilty or no contest to or been convicted by a court of any offense(s) (other than minor traffic violations) in this state or elsewhere?** You are required to check Yes and provide all of the requested information even if the conviction was sealed or expunged under Penal Code Section 1203.4 or an applicable code of another state.

If you checked Yes, you are required to attach a statement disclosing all pleas/convictions, including violated law sections, and thoroughly explain the acts or circumstances which resulted in the plea/conviction. In addition, the following must be included for each plea/conviction: date of the plea/conviction, county and state where the violation took place, name of the court, court case number, sentence imposed, jail/prison term served, terms and conditions of parole or probation, parole or probation completion dates, and parole agent/probation officer names and phone numbers.

The information provided will be verified through CSLB's fingerprinting requirements. Failure to report a conviction is considered falsification of your application and is grounds for denial of your application.

☐ Yes ☒ No

12. **To the best of your knowledge, has anyone on this application (or any company the person was a part of, or any immediate family member of the applicant) ever received a citation from the Contractors State License Board or had a contractor's license or other professional or vocational license denied, suspended, or revoked by this state or elsewhere?** (Check No if the license was suspended due to lack of a bond, workers' compensation, a qualifier, or family support.)

If you checked Yes, you are required to attach a statement detailing the events leading to this action.

☐ Yes ☒ No

13. (This question must be answered by the qualifying individual.) The Registrar of Contractors has determined that direct supervision and control includes any one or a combination of the following activities: supervising construction, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on construction job sites. **Will you as the qualifying individual perform one or more of these duties?**

☒ Yes ☐ No

14. (This question must be answered only if the qualifying individual is a Responsible Managing Employee [RME].) CCR Section 823 states that an RME must work at least 32 hours per week or 80% of the total operating hours per week for the entity for which he or she acts as the qualifier. **Will you as the Responsible Managing Employee meet the requirement of CCR Section 823 cited above?**

☐ Yes ☐ No

15. By law, all new businesses applying for a license must have more than \$2,500 operating capital. (B&P Code Section 7067.5) Operating capital is your current assets minus your current liabilities. **Does your operating capital exceed \$2,500?**

☒ Yes ☐ No

SECTION 6 – QUALIFYING INDIVIDUAL EDUCATION AND APPRENTICESHIP

16. HAVE YOU COMPLETED AN EDUCATIONAL OR APPRENTICESHIP PROGRAM?

☐ Yes

☒ No

IF YOU CHECKED YES,

YOU MAY BE GRANTED CREDIT FOR COMPLETED EDUCATION IF YOU:

- Submit a copy of your diploma for a four-year degree in a business or construction-related field; **OR**
- Submit transcripts for a two-year degree (or less), technical training (must include course hours and descriptions), and all other degrees. **Transcripts must be official and contained in a sealed envelope. (If you received your degree outside the United States, your transcripts must be translated and evaluated by an accredited evaluation service that does business within the United States.)**

YOU MAY BE GRANTED CREDIT FOR A COMPLETED APPRENTICESHIP PROGRAM IF YOU:

- Submit a copy of your apprenticeship certificate; **AND**
- Enter the beginning and ending dates of your completed apprenticeship program: From _____ to _____
(The apprenticeship period cannot overlap the journeyman level experience period being certified.) Month/Day/Year Month/Day/Year

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Certification of Work Experience

Please read the General Information section on the previous page before beginning.

The qualifying individual must complete the information in Part 1; the individual certifying the experience (certifier) must complete Part 2. The experience must be verifiable through payroll records or similar documents. If additional space is needed to list the trade duties, please attach a separate sheet.

Use a separate form for each employer. If you need additional forms, please make a copy of this blank form or visit CSLB's website.

Please type or print neatly and legibly in black or dark blue ink.

PART 1 – QUALIFYING INDIVIDUAL NAME AND WORK EXPERIENCE

The qualifying individual must complete Part 1 in its entirety.

1. QUALIFIER'S FULL LEGAL NAME last	first	middle
<u>Brown</u>	<u>Charles</u>	<u>Linus</u>
2. BUSINESS NAME OF EMPLOYER – OR, IF YOU WERE SELF EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX <input type="checkbox"/> (If you checked the box, skip line 3 and go to line 4.)		
<u>ABC123 Tile</u>		
3. EMPLOYER'S BUSINESS STREET ADDRESS number/street only – NO P.O. boxes	city	state ZIP code
<u>3488 First Street</u>	<u>Sacramento</u>	<u>CA 95814</u>
4. MY JOURNEYMAN LEVEL TIME-BASE WORKED WAS (check one):	FOR A TOTAL OF	
<input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	FROM <u>4/01/1998</u> TO <u>10/03/2003</u> = <u>5</u> YEARS and <u>6</u> MONTHS	
	(Do not claim credit for full-time work if you worked only part-time. For example, if you worked half-time for six (6) years, you would write "3 years" in the space above.)	
5. WAS THE EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER/BUILDER (see previous page for definition)? IF YOU CHECKED YES, USE THE ENCLOSED CONSTRUCTION PROJECT EXPERIENCE FORM TO PROVIDE A LIST OF COMPLETED PROJECTS.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. IN THE SPACE PROVIDED BELOW, LIST ALL SPECIFIC TRADE DUTIES YOU HAVE PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH YOU ARE APPLYING. PLEASE REFER TO THE DESCRIPTION OF CLASSIFICATIONS DOCUMENT FOR ASSISTANCE. (Do not list office work or individual project names.)		
<u>Prepare surface for tile installation; lay out tile as appropriate; mix and apply mortar; install tile using appropriate spacers and cutting tile where needed; mix and apply grout; apply sealant to grout as appropriate.</u>		

PART 2 – CERTIFICATION STATEMENT

The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.

My relationship to <u>Charles Linus Brown</u> is or was (check all that apply):		
Name of Qualifying Individual (Applicant)		
<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Fellow Employee	<input type="checkbox"/> Foreman/Supervisor
<input type="checkbox"/> Union Representative	<input checked="" type="checkbox"/> Contractor (License Number <u>999999</u>)	<input type="checkbox"/> Journeyman
		<input type="checkbox"/> Business Associate
		<input type="checkbox"/> Client (if qualifier was self-employed)
CERTIFIER'S STREET ADDRESS number/street only – NO P.O. boxes		
<u>1234 Wonder Avenue</u>		
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
<u>(916) 555-5555</u>	<u>(916) 555-5556</u>	<u>stevie@wondertile.com</u>
I certify that I have direct knowledge of the work covering the time period outlined in Part 1 above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct. (The definition of "perjury" is telling a lie while under oath.)		
7. Date	Signature	Printed Name
<u>9/01/05</u>	<u>Stevland Morris Judkins</u>	<u>Stevland Morris Judkins</u>

Note: For information on the collection of personal information, please refer to the General Information section at the beginning of this application package, under the heading "Notice on Collection of Personal Information."

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